

Notarized Parental Consent Form

VALLEY CHRISTIAN SCHOOLS 6900 W. Galveston St., Chandler, AZ 85226-2508 (480)705-8888 Fax (480)705-8889

By signing below, I/We give our permission for (name of student) _______ to participate in all school-sponsored activities, including sporting events, practice and school-sponsored trips away from the school premises for the 2019-2020 school year.

I/We realize that such activities involve the potential for injury. I/We further acknowledge that the participation in inter-scholastic athletics even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death. I/We acknowledge that I/we have read and understand this warning.

BE IT KNOWN that in the event I cannot be reached, I the undersigned parent/guardian of the student named, do hereby give and grant unto any paramedic, medical doctor, or hospital my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an activity sponsored by the school.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student will pay for any expenses incurred. Payment of the expense is not a school responsibility.

IT IS FURTHER understood that we release Valley Christian Schools, its Board of Directors, employees, agents, and representatives from any claim we may have resulting from any illness or injuries sustained by our child while under school supervision whether at school or away from school premises. We further agree to hold harmless Valley Christian Schools, its Board of Directors, employees, agents, and representatives from any injury or damage, which may be caused by our child(ren).

itudent's Name	Birth Date	Home Phone Number			
Primary Street Address	City		Zip Code		
Father's Name	Father's Work Phone	Father's Cell Phone	Father's Home Phone		
Father's Street Address	City		Zip Code		
Mother's Name	Mother's Work Phone	Mother's Cell Phone	Mother's Home Phone		
Mother's Street Address	City		Zip Code		
Mother's e-mail address	Fa	ither's e-mail address			
Emergency Contact/Relationship			Phone: Cell or Home		
Family Doctor	Pho	ne			
Hospital Preference	Ph	one			
Insurance Company		Group Numbe	r		
Parent/Guardian Signature (Sign in preser	nce of Notary)	Date			
Student Signature if 18 years of age or olde	r (Sign in presence of Notary)	Date			
Subscribed and Sworn before me this	_ Day of	Year of			
NOTARY PUBLIC Signature	SEAL/Commi	ission expiration date:			



Emergency Medical Referral

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In order to effectively assess the needs of your child in a medical emergency, it is an <u>absolute must</u> that all items are checked either YES/NO or NA (not applicable).

			Has your child	ever had or	now has	; :		
YES	NO	NA	•	YES	NO	NA		
		-	ALLERGY				KIDNEY TROUBL	E
			ANEMIA				MENSTRUAL CR	AMPS
			ARTHRITIS				MIGRAINE HEAD	DACHES
			ASTHMA				PNEUMONIA	
			DIABETES				POLIO	
			EMOTIONAL PROBLEMS				RHEUMATIC FEVER SINUS TROUBLE SORE THROATS (CHRONIC)	
			EPILEPSY					
			FAINTING					
			HEART PROBLEMS				TUBERCULOSIS	,
			HEPATITIS				VALLEY FEVER	
			HIVES				OTHER	
			HYPOGLYCEMIA					
Recent si	urgery, ac	cidents o	or illness during the past 12 months	5:				
Any limit	tations/co	mments	:					
List all m	nedicatio	ns stude	ent is regularly and currently taki	na:				
MEDIC <i>A</i>				_	SAGE			FREQUENCY
				•				•
□ giv	e permi	ssion fo	or my child to be given 🗆 Tyler	nol 🗆 Advil	□ Tums	s 🗆 Ben	adryl when nec	essary.
	_'		, , ,				,	,
□ Ido	not give	e permi	ssion for my child to be given	Tylenol, A	dvil, Tu	ms or E	Benadryl withou	it my expressed
permiss		•	, 3	•			•	, ,
	Name of P	erson Coi	mpleting Form				Da	te
			-					

Please notify the school immediately of any changes in medication, student's health, or emergency phone numbers during the school year.